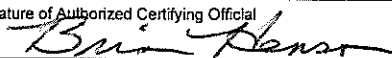


ORIGINAL

APR 04 2005

BY: FINANCIAL STATUS REPORT
(Long Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted Election Assistance Commission		2. Federal Grant or Other Identifying Number Assigned By Federal Agency HAVA		OMB Approval No. 0348-0039	Page of pages
3. Recipient Organization (Name and complete address, including ZIP code) Kansas Secretary of State, 1st Floor Memorial Hall, 120 SW 10th Avenue, Topeka, KS 66612					
4. Employer Identification Number [REDACTED]		5. Recipient Account Number or Identifying Number [REDACTED]		6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year)		9. Period Covered by this Report From: (Month, Day, Year) 9/30/2003		To: (Month, Day, Year) 9/30/2004	
10. Transactions:		I Previously Reported		II This Period	
a. Total outlays				III Cumulative	
b. Refunds, rebates, etc.				0.00	
c. Program income used in accordance with the deduction alternative				0.00	
d. Net outlays (Line a, less the sum of lines b and c)		0.00		0.00	
Recipient's share of net outlays, consisting of:					
e. Third party (in-kind) contributions				0.00	
f. Other Federal awards authorized to be used to match this award				0.00	
g. Program income used in accordance with the matching or cost sharing alternative				0.00	
h. All other recipient outlays not shown on lines e, f or g				0.00	
i. Total recipient share of net outlays (Sum of lines e, f, g and h)		0.00		0.00	
j. Federal share of net outlays (line d less line i)		0.00		0.00	
k. Total unliquidated obligations					
l. Recipient's share of unliquidated obligations					
m. Federal share of unliquidated obligations					
n. Total Federal share (sum of lines j and m)				0.00	
o. Total Federal funds authorized for this funding period				7,694,558.00	
p. Unobligated balance of Federal funds (Line o minus line n)				7,694,558.00	
Program Income, consisting of:					
q. Disbursed program income shown on lines c and/or g above					
r. Disbursed program income using the addition alternative					
s. Undisbursed program income					
t. Total program income realized (Sum of lines q, r and s)				0.00	
11. Indirect Expense		a. Type of Rate (Place "X" in appropriate box) <input checked="" type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed			
		b. Rate	c. Base	d. Total Amount	e. Federal Share
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. \$32,910 of the total outlays are interest earned. We did not spend any of the requirements dollars for the reporting period.					
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Printed Name and Title Brian Henson HAVA Coordinator				Telephone (Area code, number and extension) 785-296-0080	
Signature of Authorized Certifying Official 				Date Report Submitted March 25, 2005	

H40405.894